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STATEMENT OF

FEC FORM 1		ORGANIZATION					Office Use Only			
NAME OF COMMITTEE (in	n full)	X (Check is chan	if name ged)		mple:If typing, type the lines.	12FE4				
Wine Instit	ute Po	litical Ac	tion Co	omn	nittee					
	1 1 1 1			1 1			1 1 1 1	1 1 1 1	, , , , ,	
ADDRESS (number a	nd street)	700 13th Street	NW, Suite 6	600						
(Check if address is changed)		Washington				DC	20005			
		CITY						ZIP CODE		
COMMITTEE'S E-MA (Check if is change	address	S (Please provid PLGroup@per	•		dress)					
COMMITTEE'S WEB	PAGE ADD	RESS (URL)								
(Check if is change										
2. DATE 02	M / D = 0 2 17	2012								
3. FEC IDENTIFIC	CATION NU	MBER	C co	006521	9					
4. IS THIS STATE	MENT _	NEW (N)	OR	×	AMENDED (A)					
I certify that I have of Type or Print Name		Sara Hope Mu		of my k	knowledge and belief	it is true, co	rrect and co	mplete.		
Signature of Treasure	Sara Hop er	pe Murphy			[Electronically Filed]	Date	M M / D	17 Y	2012	
NOTE: Submission of		•			ject the person signing			alties of 2 U.	S.C. §437g.	
Office Use Only					For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100			EC FORN		